

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M96000000228

1. Entity Name

JAX/CYPRESS SERVICES, L.L.C.

FILED

02 NOV -8 AM 11:05

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJM

Principal Place of Business

15601 DALLAS PARKWAY, STE. 400  
ADDISON TX 75001

Mailing Address

15601 DALLAS PARKWAY, STE. 400  
ADDISON TX 75001

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

75-2656357

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAPITOL CORPORATE SERVICES, INC.  
1333 NORTH DUVAL ST.  
TALLAHASSEE FL 32303

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAGUIRE, CHRISTOPHER C 15601 DALLAS PARKWAY, STE. 400 ADDISON TX 75001	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM HARRINGTON, SCOTT 15601 DALLAS PARKWAY, STE. 400 ADDISON TX 75001	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100008891121 11/08/02--01086--001 **50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

11/1/02

972-361-5000

CR2E083 (4/02)



CYPRESS EQUITIES

20/2

November 1, 2002

Florida Department of State  
Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

To Whom It May Concern:

This letter is a request for the reinstatement of Jaxcypress L.L.C. in the State of Florida as well as requesting a waiver of extra fees and charges. Jaxcypress L.L.C. has not received its 2002 limited partnership annual report/uniform business report that was required for filing early this year. The referenced UBR document #B96000000242 is the first communication to us regarding this matter.

Attached is our check in the amount of \$50 for registration Jaxcypress L.L.C.

If you have any questions, please give me a call at (972) 361-5058.

Sincerely,

Brian Parro

Secretary/CFO- Jaxcypress L.L.C.